

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BM		07-06-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TA	J.C.844	0X/04/01
RESPONSE FORMALITY REVIEW	NN	778	1/4/02

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	1/15/01
Original	1/15/01
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10	N N
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13	N N
14	✓ ✓
15	✓ ✓
16	✓ ✓
17	N N
18	✓ ✓
19	N N
20	✓ ✓
21	N N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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